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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28020** **(8)**

1. Corporation Name

**WHISPER LAKES UNIT 2 HOMEOWNER'S ASSOCIATION, IN C.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 770874<br>ORLANDO FL 32877-0874<br>US | P.O. BOX 770874<br>ORLANDO FL 32877-0874<br>US |

3. Date Incorporated or Qualified: 08/23/1988
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2935894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

BELLINGER, CHARLES R. J
11919 ATLIN DRIVE
ORLANDO FL 32837

**10. Name and Address of New Registered Agent**

81 Name: Paul L. Wean, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1305 East Robinson Street, Ste C
83:
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Paul L. Wean, P.A. by Paul L. Wean, Pres. 1/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | BELLINGER, CHARLES R JR | | 1.2 NAME | David Boyer | |
| STREET ADDRESS | 11919 ATLIN DR | | 1.3 STREET ADDRESS | 11920 Atlin Drive | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | Orlando, FL 32837 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | V D | ☑ Change ☐ Addition |
| NAME | VALDES, PEDRO | | 2.2 NAME | Leo Riviera | |
| STREET ADDRESS | 11870 ATLIN DRIVE | | 2.3 STREET ADDRESS | 11982 Atlin Drive | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | Orlando, FL 32837 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | STD | ☑ Change ☐ Addition |
| NAME | O'NEILL, EMILY | | 3.2 NAME | Doug Thomas | |
| STREET ADDRESS | 11998 ATLAIN DRIVE | | 3.3 STREET ADDRESS | 11994 Atlin Drive | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4 CITY-ST-ZIP | Orlando, FL 32837 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** X LAWRENCE D. BOYER REQUIRED 1-28-97 407 859-1137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018301